

**#1 Alternative Method for Student Enrollment**  
Student and Parent Live in a Home with a Resident of Lexington School District Four.

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Student's Medicaid Number or Health Insurance: \_\_\_\_\_

Parent / Legal Guardian's Name: \_\_\_\_\_

Parent / Legal Guardian's Social Security Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

I, \_\_\_\_\_, am living with \_\_\_\_\_  
Parent / Legal Guardian (please print) Homeowner, Renter, Shelter (please print)

at \_\_\_\_\_  
Address, Street Name, Town, State

because:

\_\_\_\_\_ I cannot establish a permanent residence of my own and am homeless.  
*(Homeless is defined as lacking a "fixed, regular, and adequate nighttime residence".) (Need to complete McKinney-Vento Act Identification Form.)*

\_\_\_\_\_ I have moved in with the above named resident of Lexington Four and am living in a multi-family or marital-like arrangement.

\_\_\_\_\_ I have moved in with the above named resident of Lexington Four to assist with their health-care needs. (Statement of need is required from the physician.)

**Proof of residence for the homeowner or renter with whom you are living must accompany this request.**

**I understand that I must notify the school whenever this arrangement changes and provide a current address.**

\_\_\_\_\_  
Parent / Legal Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Homeowner's or Renter's Signature

\_\_\_\_\_  
Date

**This form must be updated annually at registration.**